

Health Plan Decision Guide

Information On Choosing
The Right 1998 Health Plan
For You

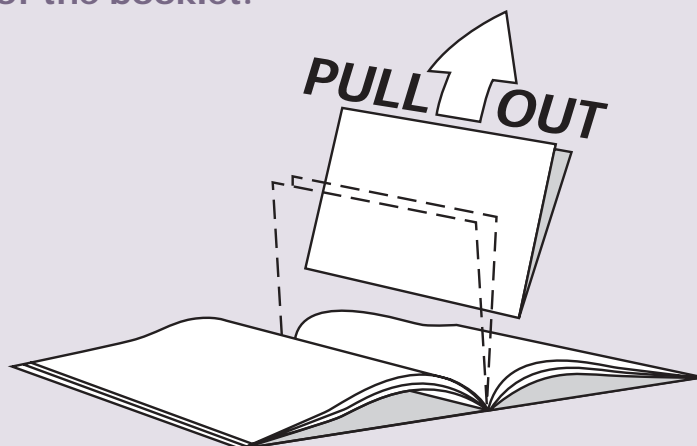


California Public Employees'
Retirement System

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To review the Benefit Summaries, pull the charts completely out of the center of the booklet.



Making A Health Plan Decision

This booklet provides you with the information you need to make a health plan choice. Whether you are thinking about making a health plan change or not, this Guide contains valuable information about the upcoming "contract" year, beginning **January 1, 1998**.

Several tools are included for your use. We hope you find all the information helpful. Be sure to let us know what you think. A short survey on page 27 is provided for your input. If you find you need assistance, be sure to contact CalPERS at the numbers or address shown on page 29.

1998 CalPERS Health Plans

Choosing a plan is not as easy as it once was. Although there is no one "best" plan, there are some that will be better suited to meet your health care needs. Plans can change from year to year, so be sure to consider the information provided in this booklet carefully.

The health plans listed here are available to you during this Open Enrollment Period, which runs from **September 1 to October 15, 1997**. You can start using the new plan on **January 1, 1998**.

Plan Mergers

Several health plans have experienced mergers and are no longer available as separate plans in our program. **Kaiser North** and **Kaiser South** have consolidated their operations, creating one plan. Members in either plan will automatically remain with Kaiser, unless choosing otherwise. **Foundation Health** and **Health Net** have announced their plans to merge. Members enrolled in Foundation Health will be automatically enrolled in Health Net, unless they choose otherwise. **PacifiCare** has acquired **FHP**. FHP members will be automatically enrolled in PacifiCare, unless they choose otherwise.

Plans Available To You

Some plans may not provide service where you live, making that plan unavailable to you. You can determine if the plan operates in your area by reviewing the Health Plan Service Area charts on pages 16 and 17. Remember, availability is based on the ZIP code of your home address. Be sure a plan covers an entire county before enrolling.

Health Maintenance Organizations (HMOs)

- Aetna U.S. Healthcare
- Blue Shield Access+ HMO
- CIGNA Health Care Of California*
- Health Net*
- Health Plan Of The Redwoods*
- Kaiser Foundation Health Plan, Inc.*
- Lifeguard*
- Maxicare*
- National HMO*
- OMNI Healthcare, Inc.*
- PacifiCare*

Preferred Providers (PPOs)

- PERSCare
- PERS Choice

Association Plans

- California Association of Highway Patrolmen Health Benefits Trust (CAHP)*
- California Correctional Peace Officers Association (CCPOA)*
- California Professional Firefighters Association (CPFA)
- Peace Officers Research Association of California (PORAC)*

* *Designates that the plan requires you to participate in binding arbitration to resolve claims or disagreements, waiving the right to a jury or court trial.*

Out Of State

Some CalPERS health plans are available to Basic and Medicare-eligible members living outside California. **Kaiser Foundation Health Plan, Inc.** is available in some other states. Some



***Did You Know?**
Loss of hearing is America's largest, and least recognized, physical challenge. One of every 10 persons in this country is affected by some degree of hearing loss.*



Bicycle Safety
California law requires children under 18 to wear bike helmets. Be sure your child's fits properly. The helmet should be level in the front and back and the buckles should be located below each ear. To ensure proper fit, when gently trying to pull the helmet off, it should not move more than two inches.

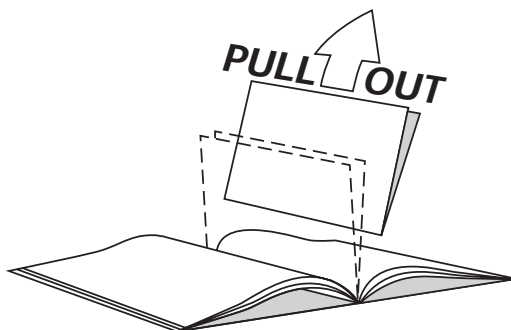
benefits may vary outside of California. For information on eligible ZIP codes, service areas, and benefits, please call (800) 759-0584.

InterGroup of Arizona is available in some parts of Arizona. For information on eligible ZIP codes and service areas, please call (800) 388-3909.

Monthly Plan Costs & Summary Of Benefits

The 1998 monthly premium rates for each plan can be found on pages 14 and 15. Benefits information is on the charts located in the center of this booklet.

To review benefits, pull the charts completely out of the booklet.



Be sure to use the appropriate chart for the type of plan you are enrolled in or thinking of joining. The benefits and copayments are different for Basic HMOs, PPOs, and Association plans. Only those enrolled in Medicare can choose Supplement to Medicare or Managed Medicare plans, so be sure you are using the Benefits Summary chart that applies to you.

Understanding The Differences Between HMOs, PPOs, & Association Plans

Facts About Health Maintenance Organizations (HMOs)

HMOs are the oldest form of managed care plans. They offer members a range of health benefits, including preventive care, for a set monthly fee. The HMO will give you a list of doctors for your use in choosing a primary care physician. This doctor coordinates your care, which means that generally you must contact your doctor to be referred to a specialist. In some plans, primary care physicians refer only to specialists in their medical group or independent practice association. In other plans, they have a larger network of contracting physicians to whom patients can be referred.

If you go outside the HMO for care without a referral from the plan, you may be responsible for the total cost of services — except in emergency or urgent medical care situations.

Using An HMO

- Each plan provides a provider directory listing the physicians associated with the plan.
- Call the physicians you are considering to be sure they are taking new patients.
- Determine, in advance, which specialists the physician refers to.
- Find out about hospital affiliations.
- Seek physician recommendations from friends and coworkers.
- You are required to pay a small copayment for covered services.

Facts About Preferred Provider Organizations (PPOs)

A PPO is a form of managed care, but is similar to a traditional "fee-for-service" type plan. A PPO has arrangements with doctors, hospitals, and other providers of care to provide services for an agreed upon charge. There are

usually annual deductibles to meet before some benefits apply. You are responsible for a certain percentage of the charges (copayments) and the plan pays the balance up to the agreed upon amount. While you have the option to go to a care provider outside of the preferred provider network, you will have higher costs.

Using A PPO

- You select the provider of your choice.
- You can refer yourself to specialists.
- Using a preferred provider lowers your copayment costs.
- Preferred providers bill the plan directly for covered benefits.
- You will see a savings if you use a mail order program for prescription drugs.

Facts About Association Plans

These plans are run by the Associations which contract with various health organizations for preferred provider networks and administering benefits. Benefits vary by plan. The Benefit Summary chart describes some of these differences. To enroll in an Association plan, you must belong to and pay the applicable dues to the specific employee association.

What Do I Need To Know About My CalPERS Health Plan & Medicare?

The new ***Understanding Medicare & Your CalPERS Health Benefits*** booklet enclosed in this package provides detailed information for your use. **Be sure to read it thoroughly.** It will help you determine if you should be enrolled in Medicare, how to use your CalPERS plan in conjunction with that program, and what type of plan is right for you.

About Medicare

Medicare is a federal health insurance program for people 65 or older and certain others who are disabled. The program provides a set level of hospitalization (Part A) and medical (Part B) benefits, with some out-of-pocket costs to you. If you do not qualify for Medicare based on your own employment history, you may qualify through a former, deceased, or current spouse.

Social Security Administration offices across the country take applications for Medicare and provide general information about the program. Questions regarding Medicare eligibility should be directed to your local Social Security office, or call their main, toll-free number at **(800)772-1213**.

You're In Medicare, Now What?

Medicare is now your primary insurance. Your CalPERS health plan is your supplemental insurance and can help cover some of the costs for copayments and benefits not covered by Medicare.

Retired employees and family members who are eligible for enrollment in Medicare Part A (at no cost) and Part B on or after January 1, 1985, cannot stay in a CalPERS Basic health plan upon reaching eligibility. (Retired Basic plan enrollees who are subject to a Medicare Part B penalty prior to January 1, 1998, may remain in a Basic plan.)

You may continue in your current CalPERS health plan by enrolling in a Supplement to Medicare or Managed Medicare plan. Your current health plan enrollment determines whether you are enrolled in a Supplement to Medicare or Managed Medicare plan.



Get The Most From Your Food

To preserve vitamins in foods, especially vegetables, avoid pressure cooking, boiling, poaching, and stewing. Instead, try microwave cooking, oven broiling, or roasting.



Special Notice — State Retirees Only
If you or a family member are enrolled in a Supplement to Medicare or Managed Medicare plan and the amount of the State's contribution exceeds the amount of the monthly premium, you will be reimbursed the amount of the excess contribution. After Medicare plan coverage has gone into effect, CalPERS will refund the "Part B Medicare" reimbursement through your monthly check.

Enrollment in either a CalPERS Supplement to Medicare or Managed Medicare plan is not automatic. You must forward a copy of your Medicare card or Letter Of Entitlement along with a letter to CalPERS requesting this change. Your letter must include the member's name, Social Security number, name of former employer, and daytime telephone number. Enrollment by you or your family members in a Supplement to Medicare or Managed Medicare plan will not affect the Basic coverage of other family members.

Do not cancel Medicare Part B after enrolling in either a CalPERS Supplement to Medicare or Managed Medicare plan. Canceling will jeopardize your eligibility for health benefits, as they only augment Medicare Part B coverage.

1998 CalPERS Supplement To Medicare & Managed Medicare Health Plans

CalPERS contracts with HMOs for either a Supplement to Medicare or Managed Medicare plan. Our PPO plans offer only a Supplement to Medicare type plan. Both types of plans are designed to cover some or all of the copayments and deductibles which are your responsibility after Medicare has paid their allowed amount.

Some health plans have merged effective January 1, 1998. The list below shows the plans that will now be available. Be sure to check the **Plan Changes** information on page 1 to see if your plan was one of those who merged.

HMO Supplement To Medicare Plans

- Blue Shield Access+ HMO
- Health Plan Of The Redwoods
- Lifeguard
- Maxicare
- National HMO
- OMNI Healthcare, Inc.

HMO Managed Medicare Plans

- Aetna U.S. Healthcare (*Senior Choice*)
- CIGNA (*Health Care For Seniors*)
- Health Net (*Seniority Plus Plan*)
- Kaiser Foundation, Inc. (*Senior Advantage*)

PacifiCare (*Secure Horizons*)

PPO & Association Supplement To Medicare Plan

PERSCar	CCPOA
PERS Choic	CPFA
CAHP	PORAC

You must be a dues-paying member of the specific employee association to enroll in these plans

How To Choose A Health Plan

What's the best way to choose a plan? While some people choose the lowest cost plan available to them, there is more to choosing a health plan than just cost. Just like making any other major purchase, such as a new car or home, you need to look at a variety of factors to choose the one that is **right for you and your family**.

Health Plan Quality

Quality health care means different things to different people. To you, it may be anything from the amount of time your physician spends with you during an office visit to your plan's ability to perform necessary preventive care screenings. To someone else, it could be how long it takes to get an appointment with a specialist. To determine quality there are certain factors to look for and questions to ask. CalPERS examines a variety of information to ensure that you receive quality, cost-effective health care.

Health Plan Quality: the health plan's delivery of health care services, such as childhood immunizations, prenatal care, cholesterol screening, cervical and breast cancer screening, and care for

chronic illnesses, such as diabetic eye exams. These factors, called indicators, demonstrate how “well” the plan provides care.

Member Satisfaction: CalPERS members are surveyed about their satisfaction with their plan, how accessible care is, physician satisfaction, and a variety of other elements. Knowing how satisfied others are in a plan can help you decide if it may be right for you.

Physician Information & Plan Quality Elements: The types and variety of physician specialties able to serve as primary care physicians can effect access to care. Plan certification by the National Committee for Quality Assurance (NCQA) is another factor to measure quality.

CalPERS requires our HMOs to provide us with information on the delivery of services to our members. To judge how well they do this, we examine performance data pertaining to preventive health, women’s health, and care for chronic illness.

The information is evaluated against quality “indicators” developed by the NCQA. NCQA is a nationally recognized, nonprofit organization committed to evaluating and publicly reporting on the quality of managed care plans. Its goal is to improve the quality of care in the health industry.

The indicators shown in this booklet were chosen because they represent areas of health service delivery that are measurable and have the potential for improving the quality of care you will receive. These indicators are also closely linked to goals set by the federal government for industry performance. Under our current health care system, it is not possible to achieve a 100% rating for these areas. For this reason, the goals have been set to a level believed to be achievable by the year 2000.

Quality Performance Results

The quality results reported in this booklet use 1995 data, the most recent information available. Some plans shown are merging with other plans beginning January 1, 1998. The plan names are shown as they were in 1995.

The indicator descriptions explain the service being measured and also show the average score of **all** health plans together. The charts on pages 6 and 7 illustrate **individual** plan results. Plans were scored based on how they performed compared to the average scores of all the plans in our program. The scores for each plan were based on services to continuously enrolled members. To review, compare each plan to the average rather than against the other plans.



Here's An Idea
If traveling to a foreign country, contact the International Association for Medical Assistance to Travelers in Lewiston, NY at (716) 754-4883 for a listing of English-speaking doctors around the world.



Every Mom Should Know . . .

If you are pregnant you may need iron and calcium supplements, additional protein, and other vitamins and minerals, like folic acid and zinc. Be sure to check with your doctor.

Preventive Health Services

Childhood Immunizations

This indicator measures the percentage of children completely immunized prior to their second birthday. The national goal for the year 2000 is 90%. The health plans' average is 69%.

The U.S. Preventive Services Task Force recommends the following vaccines during a child's first two years:

Diphtheria-Pertussis-Tetanus (DPT)

- 2 months
- 4 months
- 6 months
- 15 months

Oral Poliovirus (OPV)

- 2 months
- 4 months
- 15 months

Varicella Vaccine (Chickenpox)

- 12-18 months

Haemophilus Influenza Type B (Hib) Vaccine

- 2 months
- 4 months
- 6 months
- 12-18 months

Hepatitis B

- Birth-2 months
- 1-4 months
- 6-18 months

Measles-Mumps-Rubella (MMR) Vaccine

- 15 months

Cholesterol Screening

This indicator measures the percentage of adults, aged 40 to 64, who have had a cholesterol test within the past five years. The national goal for the year 2000 is 75%. The health plans average is 65%.

High levels of cholesterol have been linked to heart attacks, strokes, and angina. The National Cholesterol Education Program categorizes cholesterol levels as:

Under 200 mg/dL — Desirable
200 - 239 mg/dL — Borderline High-Risk
240 mg/dL or Higher — High-Risk

Women's Preventive Health

Prenatal Care

This indicator shows the percentage of pregnant women that were seen by a physician within the first three months of pregnancy. The national goal for the year 2000 is 90%. The health plans' average is 73%.

Prenatal care is an excellent way to promote the health of mother and baby. All of our HMOs provide access to prenatal programs on proper

HMO Quality Performance Results

HMO Plan	Childhood Immunizations	Cholesterol Screening	Prenatal Care	Cervical Cancer Screening	Breast Cancer Screening	Diabetic Eye Exam
Aetna U.S. Healthcare	★★	★★	★★	★★	★★	★★
Blue Shield Access+	★★	★★	★★	★★	★★	★★
CIGNA	★★	★★	★★	★★	★★	★★
FHP Health Care	★★	★★	★★	★★	★★	★★
Foundation Health	★★	★★	★★	★★	★★	★★
Health Net	★★	★★★	★★★	★★★	★★	★★
HP Of The Redwoods	★★	★★	★★★	★★	★★	★★
Kaiser North	★★★	★★	★★★	★★★	★★	★★★
Kaiser South	★★★	★★	★★	★★	★★	★★★
Lifeguard	★★★	★★★	★★	★★★	★★★	★★
Maxicare	★★	★★	★★	★★	★	★★
National HMO	★★	★★	★★	★★	★★	★
OMNI	★★	★★★	★★	★★	★★★	★★
PacifiCare	★	★★	★	★★	★★	★★

nutrition, appropriate exercise, preparation for delivery, and care of the newest family member.

Cervical & Breast Cancer Screening (Pap Smear & Mammography)

These indicators measure how many women, aged 21 to 64, had a Pap smear in the last three years and how many women, aged 52 to 64, had a mammogram during the last two years.

The national goal for the year 2000 is that at least 60% of women aged 50 years or older have a mammogram every two years and that at least 85% of women have a Pap smear every three years. The health plans' average for mammograms is 68%, and for Pap smears is 69%.

Cervical and breast cancer can be effectively treated if detected early. The use of mammography to detect breast cancer in its early stages reduces the death rate by 30% in women over 50. It is one of the most important tools in the fight against breast cancer, which kills 40,000 women per year. The Pap smear is the best means to screen for cervical cancer, which kills 7,000 American women each year.

Care For Chronic Illness Diabetic Eye Exams

This indicator shows how many diabetics received an eye examination during the past year. The health plans' average for this indicator is 29%.

Changes in the eye caused by diabetes often have no symptoms until they are quite advanced. Early treatment may slow their progress and save your sight. If you are diabetic and have not discussed your medical maintenance program with your doctor, be sure to do so.

PERSCare Quality Results

You may notice that performance data for the PERSCare health plan is not included in the HMO results table. Inherent differences between PPOs and HMOs; such as benefit design, not being required to have a primary care physician, and the freedom to access services outside the network, limit the data available and limit their comparability. However, data can be measured against national data for other PPOs.

The PPO results table reflects performance of PERSCare compared to the average results of other PPOs in the nation. In some cases, PERSCare does not have access to information on where members get some medical services. For example, immunizations and prenatal care may have been provided by the military, community health departments, or by another insurance company and therefore are not in PERSCare records. PERS Choice is not included because at the time of this reporting it was a relatively new plan and sufficient data was not available.



cholesterol Power
To lower your cholesterol levels eat poultry, fish, & polyunsaturated fats, like that in safflower oil. You can cut out the 215 mg of cholesterol in one egg yolk, by substituting one whole egg and two egg whites in recipes that call for two eggs.

PPO Quality Performance Results						
PPO Plan	Childhood Immunizations	Cholesterol Screening	Prenatal Care	Cervical Cancer Screening	Breast Cancer Screening	Diabetic Eye Exam
PERSCare	★	★★★	★	★★★	★★★	★★★
Above Average	★★★					
Average	★★					
Below Average	★					

Member Satisfaction

Your input is essential to CalPERS as we work with our health plans to improve the health care that you and your family receive. We regard member satisfaction as an important indicator of the performance of our health plans and depend on your response to target areas of satisfaction and dissatisfaction.

Earlier this year, CalPERS surveyed a random sample of members in all our health plans. About 15,000 questionnaires were mailed to those in Basic, Supplement to Medicare, and Managed Medicare plans, with a 47.5% response rate. The questionnaire focused on experiences with physicians, medical care, covered services, and plan administration. Because there were such noticeable

"Overall, I'm Satisfied With My Physician"

Plan Name	Basic Plans	Medicare Plans
Aetna Health Plans	89%	94%
Blue Shield HMO	85%	93%
CAHP	95%	98%
CCPOA	81%	96%
CPFA	96%	97%
CIGNA	91%	96%
FHP/TakeCare	91%	94%
Foundation Health	87%	94%
Health Net	88%	94%
Health Plan Of The Redwoods	94%	94%
Kaiser North	89%	95%
Kaiser South	90%	96%
Lifeguard	94%	95%
Maxicare	91%	96%
National HMO	97%	100%
OMNI Healthcare, Inc.	91%	95%
PacifiCare	89%	94%
PERSCare	97%	97%
PERS Choice	95%	96%
PORAC	94%	98%

"Overall, I'm Satisfied With My Health Plan"

Plan Name	Basic Plans	Medicare Plans
Aetna Health Plans	86%	95%
Blue Shield HMO	82%	85%
CAHP	99%	100%
CCPOA	59%	43%
CPFA	75%	93%
CIGNA	85%	94%
FHP/TakeCare	88%	92%
Foundation Health	78%	87%
Health Net	92%	93%
Health Plan Of The Redwoods	82%	96%
Kaiser North	91%	98%
Kaiser South	95%	97%
Lifeguard	91%	95%
Maxicare	93%	94%
National HMO	85%	82%
OMNI Healthcare, Inc.	84%	91%
PacifiCare	82%	94%
PERSCare	92%	92%
PERS Choice	87%	90%
PORAC	97%	98%

differences in the responses between Basic and Supplement to Medicare and Managed Medicare enrollees, data is shown separately.

The tables display the percentage of members who said they were satisfied with their physician, their plan, their ability to get an appointment with a specialist, and the choice of specialists in their plan.



Help For Quitters!

Smoking is the most preventable cause of death in the United States today. The California Smoker's Helpline is a free cessation counseling service funded by the California Dept. of Health Services. For information call: (800) 766-2888 (English), (800) 456-6383 (Spanish), or (800) 933-4833 (TDD).

"I'm Satisfied With Referrals To Specialists"

Plan Name	Basic Plans	Medicare Plans
Aetna Health Plans	88%	95%
Blue Shield HMO	83%	89%
CAHP	91%	97%
CCPOA	79%	84%
CPFA	94%	96%
CIGNA	79%	91%
FHP/TakeCare	81%	86%
Foundation Health	87%	90%
Health Net	84%	90%
Health Plan Of The Redwoods	86%	96%
Kaiser North	86%	95%
Kaiser South	81%	92%
Lifeguard	89%	94%
Maxicare	86%	94%
National HMO	90%	100%
OMNI Healthcare, Inc.	83%	95%
PacifiCare	84%	88%
PERSCare	92%	97%
PERS Choice	90%	96%
PORAC	94%	94%

"I'm Satisfied With My Choice Of Specialists"

Plan Name	Basic Plans	Medicare Plans
Aetna Health Plans	85%	93%
Blue Shield HMO	71%	86%
CAHP	98%	95%
CCPOA	74%	89%
CPFA	96%	97%
CIGNA	83%	90%
FHP/TakeCare	88%	91%
Foundation Health	92%	87%
Health Net	88%	89%
Health Plan Of The Redwoods	88%	96%
Kaiser North	90%	96%
Kaiser South	91%	96%
Lifeguard	91%	90%
Maxicare	83%	94%
National HMO	86%	89%
OMNI Healthcare, Inc.	83%	94%
PacifiCare	82%	87%
PERSCare	95%	99%
PERS Choice	89%	96%
PORAC	95%	92%



What's The Latest?
The "Four Basic Food Groups" are no longer thought to be the best guidelines for healthy eating. The USDA now recommends Americans maintain a diet relying more on grains, vegetables, and fruits than on dairy products, meat, fat, and sweets.

Would You Recommend Your Plan?

An important indicator of plan satisfaction is whether or not you would recommend your plan to a friend. The following table shows what percentage would probably recommend their plan.

"Yes I Would Recommend My Health Plan To A Friend"

Plan Name	Basic Plans	Medicare Plans
Aetna Health Plans	87%	95%
Blue Shield HMO	82%	83%
CAHP	100%	99%
CCPOA	51%	41%
CPEA	73%	95%
CIGNA	89%	93%
FHP/TakeCare	88%	92%
Foundation Health	80%	83%
Health Net	93%	93%
Health Plan Of The Redwoods	87%	97%
Kaiser North	93%	98%
Kaiser South	95%	97%
Lifeguard	94%	94%
Maxicare	94%	92%
National HMO	86%	79%
OMNI Healthcare, Inc.	89%	90%
PacifiCare	88%	89%
PERSCare	93%	98%
PERS Choice	88%	88%
PORAC	97%	97%

Taking Care Of Yourself

To help you meet your responsibilities in staying healthy, the following chart shows the Preventive Care Guidelines as recommended by the U.S. Preventive Services Task Force. Remember that these are guidelines for **healthy** people. If you have existing symptoms or family and personal history, you may require screenings outside of the recommended frequency. **Be sure to discuss your individual needs with your doctor.**

U. S. Preventive Services Task Force Preventive Care Guidelines												
Age:	15	20	25	30	35	40	45	50	55	60	65	70
Cholesterol Screening						Every 5 Years After Age 35						
Pap Smear (women)		Every 1-3 Years										
Mammography (women)									Every 1-2 Years Starting At Age 50*			
Prostate Cancer Screening (men)									Discuss PSA Test & Rectal Exam With Physician			
Colorectal Cancer Screening									Discuss Frequency & Method With Physician			

* The American Cancer Society has determined that age 40 is the preferable starting age for routine mammograms. Since the industry has not resolved this issue, be sure to discuss the best preventive screening schedule for you with your doctor.



A Healthy Back...
The most common cause of lower back pain is poor posture. Practice good posture whether you are sitting, standing, or walking. Back trouble can be very painful so be sure you protect yours.

Since You Asked . . .

To further assist you in making your health plan choice, the following chart shows the answers to frequently asked questions.

	Administrative Policies			Prescription Drugs			Membership		Plan Information						
	The number of times a member may change their PCP in a calendar year.	PCP refers exclusively to specialists within their own medical group or independent practice association.	A woman may see an OB/GYN for an annual exam without a referral from her PCP.	Plan requires physicians to prescribe medicine from a list of approved drugs (formulary).	Plan requires generic drugs, if available, be used, unless the doctor decides otherwise.	The plan offers a prescription drug mail-order program.	Number of CalPERS members as of 12/1/96.	Percentage of CalPERS members leaving plan in 1996 *	Type of physician specialties offered as PCPs in the plan.					The plan has been accredited by the National Committee for Quality Assurance (NCQA) **.	Comments
									General Practice	Family Practice	Internal Medicine	Pediatrician	OB/GYN		
Aetna U.S. Healthcare	Unlimited ¹	Yes	Yes	Yes ²	Yes ³	Yes	25,344	4.6%	Yes	Yes	Yes	Yes	Yes	Yes Northern CA: 3 years Los Angeles: 3 years San Diego: 1 year	¹ Plan may contact member if PCP is changed more than 3 times a year. ² Nonformulary drugs available at higher cost. ³ Member can request brand name drug & pay extra cost.
Blue Shield Access+ HMO	Unlimited	Yes	Yes	Yes	Yes	Yes	34,414	4.9%	Yes	Yes	Yes	Yes	Yes	No NCQA review set for 9/97.	
CAHP	N/A ¹	N/A ¹	N/A ¹	No	No	Yes	17,457	0.8%	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	Not Required for PPO Plans	¹ PPO plans do not require PCPs.
CCPOA	3 ¹	Yes ¹	Yes ¹	Yes	No	Yes	19,426	32.4%	Yes	Yes	Yes	Yes	Limited ²	Yes ¹ Provisional	¹ Answers based on HMO portion of plan only. ² OB/GYNs must be credentialed as PCPs.
CPFA	N/A ¹	N/A ¹	N/A ¹	No	Yes	Yes	4,145	22.1%	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	Not Required for PPO Plans	¹ PPO plans do not require PCPs.
CIGNA	3	Yes	Yes	Yes	Yes	Yes	35,667	11.2%	Yes	Yes	Yes	Yes	Limited ¹	Yes 3 years	¹ OB/GYNs must be credentialed as PCPs.
Health Net	12	Yes	Yes	Yes ¹	Yes	Yes	136,390	3.7%	Yes	Yes	Yes	Yes	Yes ²	Yes 1 year	¹ Nonformulary drugs available at higher cost. ² Depends on medical group.
Health Plan Of The Redwoods	Unlimited	Yes	Yes	Yes	Yes	No	8,289	1.6%	Yes	Yes	Yes	Yes	Yes	Yes 1 year	
Kaiser	N/A	Yes ¹	Yes	Yes	Yes	No	323,280	1.1%	Yes	Yes	Yes	Yes	Yes	Yes South: 3 years North: 1 year	¹ Within Kaiser Network.
Lifeguard	12	No	Yes	Yes	Yes	Yes	18,765	2.5%	Yes	Yes	Yes	Yes	No ¹	Yes 1 year	¹ Member can self refer for all OB/GYN services.
Maxicare	12	Yes	Yes	Yes	Yes	Yes	8,999	5.6%	Yes	Yes	Yes	Yes	Yes	No	
National HMO	12	Yes	Yes	Yes	Yes	Yes	4,158	3.7%	Yes	Yes	Yes	Yes	Yes ¹	No	¹ Some Individual Practice Associations do not offer OB/GYNs as PCPs.
OMNI Healthcare	3	Yes	Yes	Yes	Yes	Yes	16,241	9.2%	Yes	Yes	Yes	Yes	Yes	No	
PacifiCare	12	Yes	Yes	Yes	Yes	Yes	61,781	5.7%	Yes	Yes	Yes	Yes	Yes ¹	Yes 1 year	¹ OB/GYN must meet PCP criteria.
PERSCare	N/A ¹	N/A ¹	N/A ¹	No	No	Yes	110,731	3.8%	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	Not Required for PPO Plans	¹ PPO plans do not require PCPs.
PERS Choice	N/A ¹	N/A ¹	N/A ¹	No	No	Yes	39,397	5.3%	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	Not Required for PPO Plans	¹ PPO plans do not require PCPs.
PORAC	N/A ¹	N/A ¹	N/A ¹	No	Yes	Yes	4,668	2.9%	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	Not Required for PPO Plans	¹ PPO plans do not require PCPs.

* Does not include information on members leaving plans due to changes in residence, eligibility, or employment.
(N/A) = Not Applicable.

** NCQA scores for plans awaiting reviews or pending decisions can change as status is modified. For the latest information, contact the health plan. NCQA provides four accreditation levels: 3 year, 1 year, provisional, denial.

Monthly Premium Rates

The following monthly premium rates do not reflect any employer contributions, which vary from employer to employer. To find out what your monthly cost will be, you need to determine the coverage you will have for yourself and any dependents (spouse, children, etc): Basic, Supplement to Medicare, Managed Medicare, or a combination. Go to the appropriate area of the chart for your coverage, find the names of the plans you are considering on the left, and follow across to the right to see cost.

Basic Monthly Rate						
Plan	If you are →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents
Aetna U.S. Healthcare		\$161.59	2011	\$323.18	2012	\$420.14
Blue Shield Access+ HMO		\$157.58	2051	\$315.16	2052	\$409.71
CAHP		\$192.95	2301	\$358.91	2302	\$469.88
CCPOA		RATES WILL BE SENT TO CCPOA MEMBERS OR CALL CCPOA				
CPFA		\$231.00	2891	\$431.00	2892	\$542.00
CIGNA		\$157.85	581	\$315.70	582	\$410.41
Health Net		\$155.25	861	\$310.50	862	\$403.66
HP Of The Redwoods		\$157.32	341	\$314.64	342	\$409.04
Kaiser		\$148.83	561	\$297.66	562	\$386.96
Lifeguard		\$168.22	2281	\$336.44	2282	\$437.38
Maxicare		\$150.67	431	\$301.34	432	\$391.74
National HMO		\$156.95	2151	\$313.90	2152	\$408.07
OMNI Healthcare		\$161.19	2121	\$322.38	2122	\$419.10
Pacificare		\$160.69	2381	\$321.38	2382	\$417.79
PERSCare		\$271.00	2721	\$542.00	2722	\$705.00
PERS Choice		\$160.00	2541	\$320.00	2542	\$416.00
PORAC		\$199.00	2071	\$369.00	2072	\$499.00
InterGroup of Arizona		\$184.14	2261	\$368.28	2262	\$478.77

Supplement/Managed Medicare Monthly Rate						
Plan	If you are →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents
Aetna U.S. Healthcare		\$61.19	2021	\$122.38	2022	\$183.57
Blue Shield Access+ HMO		\$139.77	2061	\$279.54	2062	\$419.31
CAHP		\$168.96	2311	\$308.16	2312	\$381.12
CCPOA		\$188.77	2751	\$377.79	2752	\$566.41
CPFA		\$139.00	2901	\$244.00	2902	\$374.00
CIGNA		\$26.81	681	\$53.62	682	\$80.43
Health Net		\$80.00	871	\$160.00	872	\$240.00
HP Of The Redwoods		\$132.80	371	\$265.60	372	\$398.40
Kaiser		\$36.86	661	\$73.72	662	\$110.58
Lifeguard		\$138.21	2291	\$276.42	2292	\$414.63
Maxicare		\$134.90	441	\$269.80	442	\$404.70
National HMO		\$137.09	2161	\$274.18	2162	\$411.27
OMNI Healthcare		\$137.69	2131	\$275.38	2132	\$413.07
Pacificare		\$65.00	2391	\$130.00	2392	\$195.00
PERSCare		\$181.00	2731	\$362.00	2732	\$543.00
PERS Choice		\$175.00	2551	\$350.00	2552	\$525.00
PORAC		\$145.00	2081	\$290.00	2082	\$435.00
InterGroup of Arizona		\$48.50	2271	\$97.00	2272	\$145.50

You will need to subtract your employer's contribution from the amount shown to determine the final monthly cost to you. Your Personnel Office or Health Benefits Officer can provide your specific employer contribution information.

(B) = Basic Plan (SM) = Supplement to Medicare or Managed Medicare Plans

Combination Monthly Rate						
If you are →	Employee in SM		Employee in SM		Employee, 1 Dependent in SM	
Plan	1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1+ Dependents in B	Plan Code
Aetna U.S. Healthcare	\$222.78	2024	\$319.74	2025	\$219.34	2026
Blue Shield Access+ HMO	\$297.35	2064	\$391.90	2065	\$374.09	2066
CAHP	\$334.92	2314	\$445.89	2315	\$419.13	2316
CCPOA	RATES WILL BE SENT TO CCPOA MEMBERS OR CALL CCPOA					
CPFA	\$339.00	2904	\$450.00	2905	\$355.00	2906
CIGNA	\$184.66	684	\$279.37	685	\$148.33	686
Health Net	\$235.25	874	\$328.41	875	\$253.16	876
HP Of The Redwoods	\$290.12	374	\$384.52	375	\$360.00	376
Kaiser	\$185.69	664	\$274.99	665	\$163.02	666
Lifeguard	\$306.43	2294	\$407.37	2295	\$377.36	2296
Maxicare	\$285.57	444	\$375.97	445	\$360.20	446
National HMO	\$294.04	2164	\$388.21	2165	\$368.35	2166
OMNI Healthcare	\$298.88	2134	\$395.60	2135	\$372.10	2136
Pacificare	\$225.69	2394	\$322.10	2395	\$226.41	2396
PERSCare	\$452.00	2734	\$615.00	2735	\$525.00	2736
PERS Choice	\$335.00	2554	\$431.00	2555	\$446.00	2556
PORAC	\$315.00	2084	\$445.00	2085	\$420.00	2086
InterGroup of Arizona	\$232.64	2274	\$343.13	2275	\$207.49	2276

If you are →	Employee in B		Employee in B		Employee, 1 Dependent in B	
Plan	1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1+ Dependents in SM	Plan Code
Aetna U.S. Healthcare	\$222.78	2027	\$283.97	2028	\$319.74	2029
Blue Shield Access+ HMO	\$297.35	2067	\$437.12	2068	\$391.90	2069
CAHP	\$332.15	2317	\$405.11	2318	\$443.12	2319
CCPOA	RATES WILL BE SENT TO CCPOA MEMBERS OR CALL CCPOA					
CPFA	\$336.00	2907	\$466.00	2908	\$447.00	2909
CIGNA	\$184.66	687	\$211.47	688	\$279.37	689
Health Net	\$235.25	877	\$315.25	878	\$328.41	879
HP Of The Redwoods	\$290.12	377	\$422.92	378	\$384.52	379
Kaiser	\$185.69	667	\$222.55	668	\$274.99	669
Lifeguard	\$306.43	2297	\$444.64	2298	\$407.37	2299
Maxicare	\$285.57	447	\$420.47	448	\$375.97	449
National HMO	\$294.04	2167	\$431.13	2168	\$388.21	2169
OMNI Healthcare	\$298.88	2137	\$436.57	2138	\$395.60	2139
Pacificare	\$225.69	2397	\$290.69	2398	\$322.10	2399
PERSCare	\$452.00	2737	\$633.00	2738	\$615.00	2739
PERS Choice	\$335.00	2557	\$510.00	2558	\$431.00	2559
PORAC	\$344.00	2087	\$489.00	2088	\$474.00	2089
InterGroup of Arizona	\$232.64	2277	\$281.14	2278	\$343.13	2279



The Benefits

of Being Healthy

Health is not just the absence of illness — it's your physical, mental, and social well being. That is why being active is so important. You'll also increase your muscle and joint flexibility, increase your cardiovascular function, and prevent osteoporosis.

Health Plan Service Areas

Not every health plan operates in every county. To determine if a plan you are considering provides service where you live, find your county and follow the lines to see which plans are available to you. Remember, availability is based on the ZIP code of your home address.

Plan	Alameda	Alpine	Amador	Butte	Calaveras	Colusa	Contra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt	Imperial	Inyo	Kern
Aetna U.S. Healthcare	•					•		•	•						•
Blue Shield Access+ HMO	•					•		•	•		•	•			•
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CCPOA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CPFA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CIGNA	•					•								•	
Health Net	•			•	•	•		•	•	•	•				•
HP Of The Redwoods															
Kaiser	•		•			•		•	•						•
Lifeguard	•					•		•	•						
Maxicare	•					•			•						•
National HMO	•				•	•									
OMNI Healthcare			•	•	•	•	•	•		•	•				
PacifiCare	•		•	•		•		•	•	•	•	•			•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Plan	Kings	Lake	Lassen	Los Angeles	Madera	Marin	Mariposa	Medocino	Merced	Modoc	Mono	Monterey	Napa	Nevada	Orange
Aetna U.S. Healthcare				•	•	•							•		•
Blue Shield Access+ HMO	•			•	•	•		•				•	•	•	•
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CCPOA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CPFA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CIGNA				•	•						•				•
Health Net	•	•		•	•	•		•				•	•	•	•
HP Of The Redwoods		•			•		•								
Kaiser	•			•	•	•							•		•
Lifeguard	•				•	•		•					•	•	
Maxicare				•		•									•
National HMO			•	•				•	•						•
OMNI Healthcare		•			•			•						•	
PacifiCare	•	•		•	•	•	•	•				•	•	•	•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Where

A “ • ” indicates the health plan covers all, or part, of that county. You should contact the plan to make sure they cover your ZIP code and that their provider networks are accepting new patients in your area **before** you enroll.

Plan	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Shasta
Aetna U.S. Healthcare	•		•	•		•	•	•	•		•	•	•	•	
Blue Shield Access+ HMO	•		•	•		•	•	•	•		•	•	•	•	•
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CCPOA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CPFA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CIGNA			•		•	•	•		•	•	•	•	•		
Health Net	•	•	•	•		•	•	•	•	•	•	•	•		
HP Of The Redwoods															
Kaiser	•		•	•		•	•	•		•		•			
Lifeguard	•			•	•		•	•	•	•	•	•	•	•	
Maxicare	•		•	•		•	•	•		•	•	•	•		
National HMO			•		•			•							•
OMNI Healthcare	•			•			•	•		•		•			
PacifiCare	•		•	•		•	•	•	•	•	•	•	•	•	
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Plan	Sierra	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Tehama	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba	Out-Of-State
Aetna U.S. Healthcare			•	•	•					•	•			
Blue Shield Access+ HMO			•	•	•		•	•		•	•			
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	
CCPOA	•	•	•	•	•	•	•	•	•	•	•	•	•	
CPFA	•	•	•	•	•	•	•	•	•	•	•	•	•	
CIGNA			•	•						•				
Health Net	•		•	•	•	•		•	•	•	•	•	•	
HP Of The Redwoods			•											
Kaiser			•	•	•			•		•	•	•	•	
Lifeguard			•	•	•				•		•			
Maxicare				•						•	•			
National HMO		•		•					•					
OMNI Healthcare			•	•	•	•			•		•	•		
PacifiCare			•	•	•	•		•		•	•	•		
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	



Living Out Of State?
Kaiser
((800)759-0584)
and InterGroup
of Arizona
((800)388-3909)
are available in
some areas of other
states. Contract the
plan for eligible
ZIP codes.



***What's Your Paycheck Say?**
A \$0.00 deduction for your health plan showing on your pay stub means that your employer (or former employer) is paying the entire premium on your behalf. If you changed plans, you should still check to make sure the new plan name is listed.*

After You Change Plans

How Can I Get The Most Out Of My Plan?

Read the **Evidence of Coverage** booklet provided to you by your plan. Make sure you understand benefits, what's covered, and any limits. See if your plan has a magazine or newsletter. It can be a good source of information on how the plan works and important policies that affect your care. Be an active participant in your care by asking questions and communicating your concerns. Stay informed.

Picking Your Primary Care Physician (PCP)

Many health plans require that you choose your primary care physician or medical group at enrollment. If you don't, the plan may choose one for you. If this happens and it is not the doctor you want, contact the plan as soon as possible. Make sure the doctor will take you as a patient before you notify your plan.

Check Your Monthly Premium Payments

When you change health plans, enroll for the first time, or add dependents, carefully check your paycheck stub or retirement check to verify that the premium is being paid to the proper plan. If you changed plans during Open Enrollment but do not see your new plan's premium payment on your paycheck stub or retirement warrant, do not use your prior plan for services. Contact your Personnel Office (if working) or CalPERS Health Benefit Services Division (if retired) to report the discrepancy and to get information on how to receive needed care.

Identification Cards

Providing the name of your primary care physician or medical group at enrollment will speed up receiving your new identification card. If you need care before your card arrives, contact your health plan so they can coordinate your care and direct you to the appropriate health plan providers. Health plan telephone numbers and addresses are listed on pages 20 and 21.

If you are still working, your copy of the Health Benefits Enrollment Form (HBD-12) can be used as proof of plan enrollment until your ID card arrives.

If you are retired, CalPERS will mail you a letter confirming your plan change. This letter can be used as proof of plan enrollment until your ID card arrives.

When You Need Help

The Grievance Process

Health plans provide a “grievance process” to assist you in resolving your issues, complaints, or disagreements. Your **Evidence Of Coverage** booklet has a complete description of your plan’s grievance and appeal process. If you cannot locate your booklet, your health plan can send you another.

If you are dissatisfied with the plan’s final decision on issues of benefits or eligibility, you have the right to appeal to CalPERS. If you have gone through the plan’s grievance process and your concerns are not resolved, the CalPERS Health Benefit Services Division Member Services Unit or Ombudsperson can help. Use our toll-free number — **(800)237-3345** — to reach us.

Department Of Corporations’ Consumer Hot-Line

The California Department Of Corporations (DOC) regulates all California HMOs. If you have a grievance against your HMO, the DOC may be able to help. If you need DOC help with a complaint involving an emergency grievance or the grievance has not been satisfactorily resolved by the plan, you can contact the DOC at their toll-free number — **(800)400-0815**.

Binding Arbitration

Enrollment in many of our health plans requires that you agree to have any claims or disagreements resolved through neutral binding arbitration, waiving any right to a jury or court trial. You can also choose to appeal to CalPERS rather than going through binding arbitration. Plans including this arbitration provision are shown with an “*” in the health plan listing on page 1.



*P*reparation Can Save A Life

Do you have a disaster kit at home? The American Red Cross recommends you include: boiled water, first aid kit, rubber gloves, moist towels, emergency blankets, ponchos, flashlight, preserved food, tissues, face mask, garbage bags, hand warmers, batteries, whistles, feminine products, copies of health and dental insurance cards, and a listing of medications.



Every Body Needs . . .

The human body has a need for over 50 different nutrients. Three of the six major nutrients are carbohydrates, proteins, and fats which give you calories or energy. The remaining three are vitamins, minerals, and water which assist in utilizing energy.

Health Plan Directory

Contact your health plan for the following items, questions, or requests:

- Identification Cards
- Verification Of Provider Participation
- Service Area Boundaries (ZIP codes)
- Evidence Of Coverage Booklets
- Individual Conversion Policies
- Benefits, Deductibles, Limitations, & Exclusions

Aetna U.S. Healthcare, Inc.

P.O. Box 24023
Fresno, CA 93779-4023
Member Services Including Benefit Information, ID Cards, Evidence Of Coverage booklets: (800)726-4366
Information on why you should select Aetna: (800)735-5000 (Aetna Access)

Blue Shield Access+ HMO

P.O. Box 272520
Chico, CA 95927-2520
Evidence Of Coverage Booklets & Other Information:
Member Services Department:
(800)334-5847
ID Cards/Member Information:
(800)997-3770
Open Enrollment Information & Questions: (800)553-4269

California Association Of Highway Patrolmen

CAHP Health Benefits Trust
2030 V Street
Sacramento, CA 95818
(800)734-2247 (CAHP)
(916)452-1981 (CAHP)
Customer Service, Claims, Benefits, & Provider Network Information:
(800)759-5758 (Blue Cross)

California Correctional Peace Officers Association

755 Riverpoint Drive
West Sacramento, CA 95605-1635
(800)468-6486
Program I (Within Foundation Health Service Area): (800)321-5451
Program II (Outside Foundation Health Service Area): (800)321-5451

California Professional Firefighters Association

CPFA Insurance Administrator
2549 W. Shaw Avenue
Fresno, CA 93711-3329
(209)244-4670 or (800)549-4242

CIGNA HealthCare Of California

505 North Brand
Glendale, CA 91203
Member Services Including Benefit Information, ID cards, Evidence Of Coverage Booklets: Southern California: (800)344-0557
San Diego Area: (800)368-2471
Northern California: (800)722-6059

Health Net

P.O. Box 9103
Van Nuys, CA 91409-9103
Benefits & Enrollment Information:
(800)640-2004 (Health Net Connection)
Telecommunications Device For The Deaf: (800)995-0852
Para los que hablan español:
(800)331-1777

Health Plan Of The Redwoods

3033 Cleveland Avenue
Santa Rosa, CA 95403
Member Services: (707)525-4300 or
(800)248-2070, Ext. 300

**Kaiser Foundation Health Plan, Inc.
California Division**

Customer Service Center
1950 Franklin Street
Oakland, CA 94612
Benefits & Member Information:
(800)464-4000

Lifeguard

P.O. Box 5506
San Jose, CA 95150-5506
(408)232-5100 or (800)995-0380

Maxicare

1149 S. Broadway Street
Los Angeles, CA 90015
Benefits & Member Services:
(800)234-MAXI

National HMO

1005 West Orangeburg Avenue
Modesto, CA 95350
(800)468-8600
(209)527-3350
Lineas en Español (800)468-8600

OMNI Healthcare, Inc.

2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833
Plan Information & Customer Service:
(800)342-8462

PacifiCare

P.O. Box 6006
Cypress, CA 90630-0006
(800)624-8822
Internet: www.pacificare.com
Secure Horizons Managed
Medicare Plan
P.O. Box 489
Cypress, CA 90630-0489
Enrollment Information:
(800)322-8877
Member Service: (800)228-2144

PERSCare

Blue Shield Of California

P.O. Box 272530
Chico, CA 95927-2530
(800)444-2595 or (209)367-2800
ID Cards/Membership Information:
(800)997-3770
Open Enrollment Information &
Questions: (800)882-PERS

PERS Choice

Blue Shield Of California

P.O. Box 272530
Chico, CA 95927-2530
(800)633-0337 or (209)367-2800
ID Cards/Membership Information:
(800)997-3770
Open Enrollment Information &
Questions: (800)882-PERS

**Peace Officers Research Association
Of California**

1911 F Street
Sacramento, CA 95814
(800)937-6722 (PORAC)
Claims & Customer Service: Blue Cross
Claims & Customer Service Unit
P.O. Box 1388
Rancho Cordova, CA 95741-1388
(800)288-6928 (Blue Cross)



*Give 'Em A Boost
Measles affect
teens and college-
age kids who did
not receive a 6th-
grade booster shot.
Make sure your
kids have had all
their boosters!*

service



Better Safe...
Twenty percent of Americans will develop skin cancer in a lifetime. The Center for Disease Control suggests wearing a broad brimmed hat, protective clothing, sunglasses, and a sunscreen with at least a SPF of 15.

Commonly Used Terms

We realize that from time to time we use terms that may be unfamiliar to you. This listing can assist you in fully understanding some health industry language and the CalPERS Health Benefits Program. Although not every word shown here is included in this booklet, you may encounter some of this “jargon” when you call CalPERS or your health plan.

Appointment

Hired to a position as an employee working for a State agency, participating public agency, or school district.

Association Plan

A health plan with limited enrollment for members of specific organizations.

Binding Arbitration

A neutral, legally binding dispute resolution process, replacing court or jury trials.

Control Period

A specific period of time in which work hours are counted towards program eligibility.

Copayment

The enrollee's cost for health care paid at the time service is received.

Deductible

In a PPO plan, the annual out-of-pocket amount the enrollee pays toward the cost of care before plan coverage begins.

Dependent

Dependents are your spouse or children (natural, adopted, step, or economically-dependent).

Drug Formulary

A listing of prescription medicines covered by the health plan.

Economically-Dependent

Covering costs associated with housing, food, insurance, etc.

Emergency Services

Medical care required in a life-threatening situation.

Employer Contribution

The amount an employer pays toward an employee's monthly premium costs.

Evidence Of Coverage

A publication containing the benefits, coverages, and limits of a health plan and information on how a plan operates.

Generic Drug

Drugs without a manufacturer's name, costing significantly less than a brand name drug but containing comparable effectiveness.

Grievance Process

A formal process used to appeal a health plan decision on eligibility, benefits, or covered services.

Guest Membership

Temporarily utilizing the services of a health plan you are not enrolled in while out of the service area.

Indicator

A specific health care service used as a baseline to measure a plan's performance in delivery of care.

Individual Conversion Policy

A policy written by your health plan to continue health coverage after leaving group coverage.

Maintenance Drug

A long-term use medication.

Managed Medicare

A health plan offering managed health services for Medicare-eligible members.

Medical Group

A group of physicians, specialists, and other care providers contractually joined to provide services.

Medicare

A federal health insurance program for people 65 and older and certain others who are disabled.

Open Enrollment

The time period when members may change health plans or make changes in family member coverage.

Primary Care Physician (PCP)

The doctor you select to coordinate all your health care and refer you to specialists as necessary.

Preventive Care

Those techniques or services used to maintain good health through positive lifestyles and medical screenings.

Supplement to Medicare

A supplemental health plan to cover some of the costs not covered or included in the Medicare program.

Urgent Care

Services required to prevent serious deterioration of health.

Vesting

For certain members, vesting is the amount of time in State employment needed to be eligible to receive the employer contributions toward the cost of care during retirement. The longer in covered service, the higher the employer contribution.

***You're Not Covered***

*Long-term care is not covered by your health plan. You can apply for long-term care coverage through the **CalPERS Long-Term Care Program**. To find out more about the next application period, call (800) 338-2244.*

INSTRUCTIONS - OPEN ENROLLMENT CHANGE REQUEST FORM FOR RETIREES

The Open Enrollment Period allows you an opportunity to change your health plan, add eligible dependents, or enroll in a health plan. To make an Open Enrollment change, simply complete the Request Form and mail it to CalPERS. All changes are subject to verification of eligibility. Consult the **CalPERS Health Program Handbook** or call CalPERS for eligibility information.

Mail the HBD-30 and all other requests to: CalPERS Health Benefit Services Division P.O. Box 942714 Sacramento, CA 94229-2714	For further information, please call: Toll Free: (800) 237-3345 Local: (916) 326-3970 TDD: (916) 326-3240
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INSTRUCTIONS FOR COMPLETING HBD-30	
PART A: Type of Change	Check the type of change(s) you are making.
PART B: Retiree Information	Complete all retiree information. Be sure to include the name of the agency you retired from.
PART C: Health Plan	Before requesting to change plans, verify the doctor is accepting new patients. If not, you will need to find a new doctor who contracts with the new plan.
PART D: Enrollment	<p>List only the dependents you are adding. All dependents currently enrolled on your health plan will remain on your plan. Eligible dependents are:</p> <ul style="list-style-type: none"> • Your spouse. <i>A copy of your marriage certificate and your spouse's Social Security number must be returned with this form.</i> • Your child, stepchild, adopted child, or the child of another who is living with you in a parent-child relationship. <i>To enroll an adopted child, a copy of the adoption document is required. To enroll the child of another, an Affidavit of Eligibility must be submitted with this request. To obtain this form, call CalPERS.</i> <p>Important: If the dependent(s) you are adding are eligible for Part A and Part B of Medicare, a copy of their Medicare card or Notice of Entitlement letter must be returned with this form.</p>

NOTE

- After changing your health plan be sure to check your retirement check to verify that the proper deduction is made. If the deduction is incorrect, call CalPERS and inform them of the discrepancy.
- If you are enrolled in a Managed Medicare plan and are switching to a Supplement to Medicare plan, you must contact your current health plan or the nearest Social Security office to disenroll your Medicare benefits from the current Managed Medicare plan. If you do not disenroll, Medicare will not pay your new health plan for services. For more information, refer to **Understanding Medicare & Your CalPERS Health Benefits**.

Do not use this form to cancel your health coverage or delete a dependent. Instead, make your request in writing to CalPERS. Include your Social Security number, daytime phone number, mailing address, the type of change, and the reason for change. The effective date for changes, other than Open Enrollment changes, is the first of the month following receipt of your request.



CalPERS Health Benefit Services Division
P.O. Box 942714
Sacramento, CA 94229-2714
(800)237-3345/TDD (916)326-3240

Open Enrollment Change Request Form For Retirees

(For Retirees Only. Active Employees - Contact Your Personnel Office.)

Changes Effective January 1, 1998

PART A: • TYPE OF CHANGE •					
<input type="checkbox"/> Change My Health Plan. (complete Parts B, C, and E) <input type="checkbox"/> Add Eligible Dependents Onto My Health Plan. (complete Parts B, D, and E) <input type="checkbox"/> Enroll In A Health Plan.* (complete Parts B, C, D, and E)					
PART B: • RETIREE INFORMATION •					
Social Security Number		Name (First) (Middle) (Last)		Birthdate	
Mailing Address (Number and Street)		(City)		(State) (Zip)	
Daytime Phone Number () -		Name Of Agency Retired From State: Public Agency or School Employer: JRS or LRS:			
PART C: • HEALTH PLAN •					
Name Of New Health Plan			Name Of Doctor/Medical Group		
PART D: • ENROLLMENT INFORMATION •					
Dependents To Be Added	Social Security Number	Date Of Birth	Relationship	Doctor Or Medical Group	Medicare Eligible Date (if applicable)
PART E: • RETIREE'S SIGNATURE •					
By signing this form, I elect to change to the plan indicated above and/or add eligible family members. I also authorize deductions, if applicable, to be made from my retirement allowance to cover my share of the cost of enrollment as it is now or as it may be in the future.					
Signature Of Retiree				Date Form Signed	

* You can enroll in the CalPERS Health Program if you:

- retired from the State of California, a school district, or public agency that contracts with CalPERS to provide health benefits for its retirees and are receiving a retirement check, and
- were enrolled in the CalPERS Health Program at the time you retired, and
- retired within 120 days from the day you separated from your job.

Contact your former employer or CalPERS for more information concerning eligibility.



PRIVACY INFORMATION

The Information Practices Act of 1977 and the Federal Privacy Act require CalPERS to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Section 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical & Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians, and insurance carriers but only in strict accordance with current statutes regarding confidentiality.

You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229-2702.

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency which requests an individual to disclose a Social Security number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The CalPERS Health Benefit Services Division requests Social Security numbers on a voluntary basis. However, it should be noted that due to the use of Social Security numbers by other agencies for identification purposes, CalPERS may be unable to verify eligibility for benefits without the Social Security number.

The CalPERS Health Benefit Services Division uses Social Security numbers for the following purposes:

- enrollee identification for eligibility processing and verification.
- payroll deduction and State contribution for State employees.
- billing of public agencies for employee and employer contributions.
- reports to CalPERS and other State agencies.
- coordination of benefits among health plans.
- resolve member appeals/complaints/grievances with health plans.



Let Us Know What You Think

Making a health plan choice is an important decision. To make this Guide more helpful in choosing a health plan, we'd like to know what you think. After completing this survey, please detach it, fold as show and drop in the mail.

1. Did you decide to change health plans?

☐ Yes



☐ No



2. How useful was the *CalPERS Health Plan Decision Guide* in selecting your new plan or in your decision to remain with your current health plan?

☐ Very Useful



☐ Somewhat Useful



☐ Not Useful



3. How useful were the following items contained in the *CalPERS Health Plan Decision Guide* in your decision to either change health plans or remain in your current health plan?

	Very Useful	Somewhat Useful	Not Useful
a. Explanation of differences between plan types (e.g., PPO vs. HMO) (pg. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health Plan Quality Results (pgs. 5-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Member Satisfaction Results (pgs. 8-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Since You Asked Chart (pg. 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Monthly Premium Rates (pg. 14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health Plan Service Areas (pg. 16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Benefit Summary Charts (pull-outs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How useful was the *CalPERS Health Program Handbook*?

☐ Very Useful



☐ Somewhat Useful



☐ Not Useful



5. How useful was the *Understanding Medicare & Your CalPERS Health Benefits* booklet?

☐ Very Useful



☐ Somewhat Useful



☐ Not Useful



☐ Does Not Apply To Me



6. What other information, if any, would you like to see included in future *CalPERS Health Plan Decision Guides*?

(Fold where shown on reverse, tape closed, and mail.)

(Fold here, tape closed, and mail.)

**Place
Stamp
Here**

**California Public Employees' Retirement System
Health Plan Administration Division
P.O. Box 720724
Sacramento, CA 94229-0724**

When You Need to Reach CalPERS

You can call the CalPERS Health Benefit Services Division (HBSD) toll-free at **(800)237-3345**. Representatives are available Monday through Friday, 8 a.m. to 5 p.m., or you can leave a message 24-hours a day, seven days a week, and we will call you back within 48 hours.

Prerecorded messages with helpful information about the Health Benefits Program are available by following the voice prompt.

CalPERS Health Benefits Program Information

- **Active State Employees**
Contact Your Personnel Health Benefits Officer
- **Retired State Employees**
HBSD Telephone Information Center
(800)237-3345
Local Calls (916)326-3970
TDD (916)326-3240
FAX (916)326-3935
- **Active Public Agency Employees**
Contact Your Personnel Health Benefits Officer
- **Retired Public Agency Employees**
HBSD Telephone Information Center
(800)237-3345
Local Calls (916)326-3604
TDD (916)326-3240
FAX (916)558-4106

Want To Know More?

CalPERS also provides health benefits and other valuable information on the Internet. The CalPERS website address is: **www.calpers.ca.gov**.

If you are retired, you can get assistance with questions on eligibility and enrollment by calling the appropriate number shown or by writing to:

CalPERS
Health Benefit Services Division
P.O. Box 942714
Sacramento, CA 94229-2714

When To Call Your Health Plan Directly

If you need help getting an identification card, verifying plan enrollment, selecting or changing a primary care physician, or have a claims issue, **contact your health plan directly**. You can find their phone number and address on pages 20 and 21.



HBD-98
September 1997